

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42407

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10526

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR St. Louis, Mo. c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR St. Louis d. STREET ADDRESS (If rural, give location) 4254 Shenandoah	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4254 Shenandoah			
3. NAME OF DECEASED (Type or Print) a. (First) Virgil T. Hurst b. (Middle) c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Dec. 9, 1950	
5. SEX male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH Feb. 17, 1893
9. AGE (in years, last birthday) 37		10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager		10b. KIND OF BUSINESS OR INDUSTRY Theater	11. BIRTHPLACE (State or foreign country) Illinois
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Dr. T. J. Hurst	
14. MOTHER'S MAIDEN NAME Sula Calhoun		15. NAME OF HUSBAND OR WIFE Gay Hurst	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. SOCIAL SECURITY NO. 111-111111	
18. INFORMANT'S SIGNATURE OR NAME Gay Hurst		19. ADDRESS 4254 Shenandoah	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia (apoplexy)			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION none			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H221	
22. I hereby certify that I attended the deceased from 5/3 1948, to 12/9 1950, that I last saw the deceased alive on 12-9-50, and that death occurred at 2a. m., from the causes and on the date stated above.			
23a. SIGNATURE Robert P. Luthers		23b. ADDRESS 5203 Chippewa Dr.	
23c. DATE SIGNED 12/9/50		24a. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	
24b. DATE 12-11-50		24c. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. DEC 11 1950		REGISTRAR'S SIGNATURE J. B. Luthers	
FUNDRAISER'S SIGNATURE Southern Funeral Home		ADDRESS 6322 S. Grand Blvd.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr Smith
92201 Chippewa & Brandon
1 to 4 P.M.

Made

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed David Van Fossan
Student Embalmer No.

Licensed Embalmer No. 4242

P. O. Address 6322 So. Swan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.